



MILWAUKEE COUNTY
Department on Aging

Milwaukee County Commission on Aging

2021 Public Policy Positions and List of Priorities

Priorities for 2021

Overall: Ensure Older Adults in Milwaukee County can Safely and Fully Reengage in Community Life, Vote, and Advocate for Health, Wellness, and Access to their Community.

Federal

- 1) Increase Funding for Older American Act Programs and Local Government services that support older adults.
- 2) Ensure Equitable Distribution of COVID-19 Relief, Treatment and Vaccination for older adults.
- 3) Improve Access to Community Life for Older Adults through Age Friendly Infrastructure, Transportation, and Long Term Supports and Services.

State

- 1) Adopt Medicaid Expansion under the ACA to provide Medicaid health coverage for all Wisconsinites at or below 138% of the Federal Poverty Level.
- 2) Advance the Fair Deal Initiative and Increased State Revenue Sharing.
- 3) Increase Funding for Aging and Disability Resource Centers and Affiliated Programs.
- 4) Maintain Voting Access for Older Adults and Ensure Fair Redistricting.

Local

- 1) Preserve Milwaukee County Levy Funding Maintenance of Effort for Older Adult Services and Supports.
- 2) Support improvements or enhancements to Milwaukee County Senior Centers and Senior Center Programming in accord with the recommendations of the Select Committee on Senior Centers.
- 3) Incorporate Opportunities to improve older adult participation in advocacy activities in the 2022-24 Milwaukee County AAA Plan.

Federal Policy Positions

Older Americans Act (OAA)

Background: OAA programs have demonstrated an ability to provide high quality services in the areas of special concern to older adults: nutrition, transportation, caregiver support, community engagement, employment, and advocacy. OAA programs leverage state, local, and private dollars and volunteers to help seniors age in place and avoid unnecessary residential treatment. Funding for the OAA has not kept pace with inflation or population growth for years, and current levels are insufficient to meet growing needs.

Position: Increase funding in future appropriations under each Title of the Older American Act to match levels with ARPA additions. Support mandatory funding for Aging and Disability Resource Centers.

Status: On March 25, 2020 the President signed P.L. 116-131 (H.R. 4334), the Supporting Older Americans Act of 2020, which amends the OAA to authorize appropriations for OAA programs for FY2020 through FY2024, among other changes to the act. Key amendments to the OAA included in the Supporting Older Americans Act of 2020 include:

- specific disease prevention and health promotion activities, such as fall-related injuries and social isolation;
- modifications to nutrition services programs to call attention to malnutrition;
- changes to the National Family Caregiver Support Program to include caregiver assessments;
- best practices and technical assistance;
- changes to the Title III statutory funding formula for certain programs; and
- dedicated funding for a supportive services program for Native Americans under Title VI.

Under the 2021 American Recovery Plan Act, all titles received a significant boost in funding.

COVID-19 Relief, Treatment and Vaccination

During the COVID-19 pandemic, older adults contracted, suffered, and died of COVID-19 at a far higher rate than any other population demographic. In Wisconsin, more than 7200 residents have died of COVID-19, with over 1300 deaths in Milwaukee County. 92% of deaths from COVID-19 in Wisconsin were among residents aged 60 or older. Residents in long term care facilities who tend to be older adults with significant health issues, constituted 44% of all deaths from COVID-19 in Wisconsin. Older adult residents, particularly those residing in long term care facilities, also experienced the greatest trauma impact because they were isolated from their friends, family, and other natural supports during most of the pandemic. Despite these grim statistics, very little of the federal relief provided by Congress throughout 2020 funded programs serving older adults.

Position: Ensure equitable distribution of COVID-19 relief, treatment and vaccination for older adults.

Status: The American Rescue Plan Act (ARPA) passed by Congress March of 2021 included several significant investments directly assisting older adults, including:

- \$200 million for infection control and vaccination uptake assistance for skilled nursing facilities that contract with quality improvement organizations — along with an additional \$250 million for states to establish nursing home strike teams to assist with clinical care, infection control, or staffing;
- \$1.4 billion designated under the Older Americans Act for nutrition programs, home and community-based care for supportive services (vaccination outreach, prevention and mitigation of social isolation), disease prevention, and health promotion, among other purposes.

Age Friendly Infrastructure, Transportation, and Long Term Supports and Services

Background: As Milwaukee County’s population continues age, so does its public infrastructure. Moreover, much of that infrastructure, as well as residential housing is still not fully accessible, since due to its age, it is not subject to ADA requirements. At the same time, the transportation system in Wisconsin is antiquated with most investment made in expanding freeways, and very little expanding access or upgrading public transportation. As residents age, we become more reliant upon, and are more likely to utilize public programs, facilities, and transportation. Increasing access to these public assets is critical for enabling older adults to live an engaged life in their communities.

Position: Improve Access to Community Life for Older Adults through Age Friendly Infrastructure, Transportation, and Long Term Supports and Services. Rebalance funding priorities to connect people to jobs services, and public facilities and prioritize projects that will improve those connections.

Status: With the deconstruction of the Park East freeway, Milwaukee has already proven the reducing freeway infrastructure can spur economic development. The addition of “the Hop” has reintroduced street cars as an alternative to diesel buses. The TransitNEXT project will increase the frequency and efficiency of existing bus routes. Both ARPA and a proposed infrastructure stimulus package have the potential to address accessibility, environmental health inequities, racial discrimination in housing and neighborhood displacement, and make services more accessible and neighborhoods safer and easier to navigate – but only if additional funding is coupled with fundamental policy reform – emphasizing these factors rather than existing program priorities.

The Affordable Care Act (ACA)

Background: The ACA provides a marketplace for high quality, lower cost plans for individuals who do not have access to health insurance through their employer or Medicare. For persons in households of 2 with income below \$65,000, premium subsidies are available. The ACA thus provides an opportunity for older adults who are not yet 65 years of age to obtain affordable coverage, if they do not qualify for Medicaid or other coverage through an employer. The ACA closed the Part D “donut hole” by covering 75% of both generic and brand name drugs during the period prior to catastrophic coverage. The ACA also covers a variety of preventive services for adults that were not previously available. Under the ACA, states were incentivized to expand Medicaid to individuals at or below 165% of poverty, with a 90% federal match rate.

Position: Oppose any plan to repeal or limit the ACA. Advocate for Wisconsin to accept the federal Medicaid expansion provisions.

Status: Congress did not repeal the ACA but effectively repealed the “individual mandate” by setting the tax penalty for not obtaining coverage to \$0. A District Court ruled the entire ACA unconstitutional, and the 5th Circuit affirmed that the mandate portion is unconstitutional. The ACA remains in place while the case is appealed. Congress permanently repealed a variety of taxes that were meant to help pay for the ACA. While Governor Evers proposed expanding Medicaid under the ACA, Wisconsin’s legislature refused.

Medicare

Background: Medicare is the primary option for persons 65 and older to receive health care insurance. Many benefits were added in the ACA, including closing the Medicare Part D donut hole. Medicare does not cover long term care, dental, vision, or hearing. Medicare is more cost-effective than any private insurance.

Position: Support legislation that would:

- Allow the federal government to negotiate price of prescription drugs with pharmaceutical companies;
- Require drug companies to provide rebates to Medicare on prescription drugs for low-income seniors;
- Add a Catastrophic Out-of-Pocket Limit for traditional Medicare.
- Require payment parity between traditional Medicare and the Medicare Advantage program, with savings in MA plans reinvested into the Medicare program to the benefit of all enrollees.
- Add comprehensive vision, hearing, and dental benefits to Medicare.
- Increase long term care coverage through Medicare.
- Simplify Medicare Part B enrollment and add Medigap enrollment protections.

Oppose any effort to cut program benefits, change the program to a voucher-style program, or to phase out the program for older adults or persons 65 or older.

Status: The House passed Medicare Expansion bill (2019 H.R.3), allowing CMS to negotiate drug pricing, adding dental, vision & hearing benefits and expanding Medigap enrollment protections did not pass Congress. The 2021 Congress is seeking new opportunities to expand Medicare, potentially using Budget Reconciliation.

Medicaid

Background: Medicaid is a shared federal/state program that funds medical care for low-income residents. Older adults may receive assistance for Medicare premiums and out of pocket costs through Medicaid. Medicaid may also cover costs that Medicare may not cover or partially covers, such as nursing home care, personal care, Non-Emergency Medical Transportation and Home and Community-Based Services. These programs include Family Care, IRIS, PACE, and Partnership long term care. Research indicates these programs provide valuable benefits at a lower cost than Medicaid funded nursing home placements.

Position: Oppose block grants, per-capita caps, and decreased Medicaid funding or benefit cuts. Support Medicaid expansion in Wisconsin under the ACA. Increase dual eligible benefits, expand long term care coverage, and increase payment rates to community based long term care providers, particularly caregivers.

Status: CMS approved Wisconsin's waiver requiring BadgerCare childless adult recipients under age 50 to be employed 80 hrs/mo, undergo job training or community service. Governor Evers continues to seek Medicaid expansion in Wisconsin under the ACA and again included it in his 2021-23 biennial budget proposal. The legislature refuses to accept the expansion. Under the ACA, the federal government would cover 90 percent of the expansion's costs. Under ARPA, newly expanding states would also receive a 5 percent bump in the federal funding match for their traditional Medicaid programs for two years. Because the traditional Medicaid population is significantly larger than the expansion population, the funding bump is projected to cover a state's 10 percent match for expansion enrollees and then some over those two years.

Social Security

Background: Social Security is a federal program providing economic security after retirement or disability to an individual earner and their spouse. Social Security and Disability Insurance benefits are based upon an individual's lifetime earnings. Most workers pay a percentage of their wages into this fund. Social Security taxes aren't enough to fully fund payments—the balance comes out of the Old Age and Survivors Insurance (OASI) Trust Fund, which holds surpluses from years past. Supplemental Security Income pays a base amount to elder adults in poverty and persons with disabilities out of general revenue. Forty percent of Wisconsin's seniors would live below the poverty level without Social Security, yet Social Security still delivers a lower standard of living for the beneficiaries who rely upon it most since it typically replaces only about 40% of a beneficiary's pre-retirement income.

Position: Protect and maintain the current structure of Social Security. Oppose all efforts that would decrease Social Security or SSI benefits or privatize fund investment. Support legislation that would increase the payroll tax cap and make the CPI-E the applicable Index for computing OASDI benefits.

Status: Social Security reform is a Biden administration priority that will require some combination of higher taxes and lower benefits to ensure payments don't drop off a cliff when the trust fund is depleted.

RAISE Family Caregivers Act

Background: The Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE) requires ACL to develop, maintain and update an integrated national strategy to recognize and support family caregivers. The bill brings together relevant federal agencies with family caregivers; older adults and persons with disabilities; providers of health and long-term services and supports; employers; state and local officials; and others to recommend a national caregiving support strategy.

Position: Support an extension of the RAISE Family Caregivers Act and the National Family Caregiving Advisory Council and provide funding to implement its recommendations.

Status: OAA Sec. 202 was amended in 2020 to add a new subsection (i) to require the Assistant Secretary to carry out the RAISE Family Caregivers Act and extended the sunset date to January 22, 2022.

Supporting Grandparents Raising Grandchildren Act

Background: More than 2,500,000 grandparents in the United States are the primary caretaker of their grandchildren, and numbers are increasing. Providing full-time care to grandchildren may decrease grandparents' ability to address their own physical and mental health needs and personal well-being. Grandparents would benefit from better coordination, information, and resources to support them in their caregiving responsibilities. Creates an Advisory Council to Support Grandparents Raising Grandchildren.

Position: Support an extension of the Supporting Grandparents Raising Grandchildren Advisory Council and provide funding to implement its recommendations.

Status: The Supporting Older Americans Act amends Section 3(f) of the Supporting Grandparents Raising Grandchildren Act by extending the sunset date of the Advisory Council to July 7, 2022.

Supplemental Nutrition Assistance Program (SNAP)

Background: The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program, is the nation's largest domestic hunger safety net. In a typical month in 2018, SNAP helps Americans afford a nutritionally adequate diet, including 4.8 million adults age 60 or more. Seniors receiving SNAP benefits mostly live alone: only 1 in 4 live in households with other members. SNAP provided an estimated \$6.6 billion to SNAP households with seniors in 2016, two-thirds of which went to households in which seniors lived alone.

Position: Support full funding of the Supplemental Nutrition Assistance Program (SNAP) benefits and eligibility, helping nearly 40 million people who struggle against hunger in this country put food on their tables. Oppose changes that limit eligibility, decrease benefit payments or impose additional barriers to receive SNAP. Advocate for increased minimum benefit amounts to assist older adults with the purchase of nutritious food.

Status: USDA approved online purchasing of food to SNAP households. Wisconsin's SNAP participation is more than 572,000 individuals, nearly 291,000 households, and totals \$778 million annually in federal benefits. The American Rescue Plan Act contained new extensions for people receiving food assistance during the pandemic. People receiving SNAP benefits will continue to receive a 15% benefit increase first authorized by the December 2020 COVID-relief package through September 2021. Individuals receiving SNAP get an average \$28 additional per month; a household of four \$100 per month. The USDA issued new guidance in April, 2021 that will ensure all FoodShare households receive a minimum amount of emergency benefits. WI-DHS estimates that Wisconsin will provide more than \$75 million in emergency allotments to over 411,000 FoodShare households, an increase over the \$57.5 million in emergency allotments provided to 265,000 households in February 2021. Households receiving the maximum monthly benefit are now eligible to get the emergency allotment.

State Policy Positions

Adopt Medicaid Expansion under the ACA

Background: The Affordable Care Act incentivized states to expand Medicaid coverage to residents up to 138% of the Federal Poverty Level by promising a 90% federal funding match for Medicaid payments for the expansion population. Besides the current COVID-19 provisions, Wisconsin currently receives 60% federal match. Wisconsin remains of only 12 states not accepting this expansion, most of which are in the South. Instead, Wisconsin decided to cover all individuals up to 100% of the FPL with BadgerCare. Accepting the expansion would cover 29,500 additional adults and provide more than a billion dollars in federal Medicaid funding. While a majority of Medicaid enrollees in Wisconsin are children and non-elderly adults, the elderly and people with disabilities account for most of the expenditures in the program.

Position: Adopt Medicaid Expansion under the ACA to provide Medicaid health coverage for all Wisconsinites at or below 138% of the Federal Poverty Level.

Status: Governor Evers proposed Medicaid Expansion under the ACA in the 2020-21 state budget, but this was rejected by the legislature. The Governor has again proposed Medicaid expansion in the 2021-23 Executive Budget proposal.

Aging and Disability Resource Center Reinvestment

Background: Milwaukee County established one of the first Aging Resource Centers in the nation. Most Resource Center funding is derived from state general purpose revenue (GPR) with some matching federal Medicaid funds. This state GPR funding formula did not consider the disproportionate number of people living in poverty in Milwaukee County. The Wisconsin Department of Health Services established an advisory group to review the state GPR allocation method for ADRCs and to determine how much additional funding is needed to fully support ADRCs statewide. This group released its recommendation in October 2020 for an additional \$27.4 million in GPR to fully fund ADRCs statewide. Under its proposed revision to the ADRC allocation methodology, along with the proposed funding increase, Milwaukee County's estimated allocation would more than double to \$13,252,608 to support its core ADRC functions.

Position: Increase funding to Aging and Disability Resource Centers (ADRCs) by \$27.4 million to equalize historical funding disparities and fully fund required contracted services for a growing customer base, provide for a more equitable distribution of funding across the state to include poverty, health equity variables, and enrollment in HCBS services. Provide an additional \$25 million to add critical services to all ADRC operations: Including fully funding, expanding services statewide, and reallocating funding based upon health equity variables: Dementia Care Specialists; Elderly Benefit Specialists; Caregiver Support and Programs; Health Promotion; Care Transition Services; Aging and Disability Resources for Tribes; Aging and Disability Resource Support Systems.

Status: The Governor's proposed 2021-23 state budget did not include an ADRC core funding increase. Only Dementia Care and caregiver support were provided with additional resources.

Direct Care Workforce Supports

Background: Wisconsin continues to face a caregiver workforce crisis. Direct-care workers include personal care, home health, therapy, and nursing aides, attendants, peer mentors and respite workers. Wisconsin's direct care workforce is essential to the health and independence of people with disabilities and the frail elderly. Due to low wages, lack of benefits, and inadequate Medicaid reimbursement rates, the industry is experiencing record turn-over. The inability to attract and retain direct care workers has resulted in long-term care recipients going without essential care compromising their health, safety, and their ability to live in the community. At the same time, nonpaid family caregivers face increased pressure to choose between caregiving and employment responsibilities and have few options for adequate respite.

Position: Support efforts to stabilize the direct care workforce including by: 1) Making permanent increases to the Medicaid reimbursement rate for direct care workers; 2) creating a Medicaid waiver allowing direct care workers and unpaid caregivers to buy-in to Medicaid; 3) creating network adequacy quality measures for Wisconsin's long-term care system; 4) create recruiting, training, and retention pilot programs for direct care workforce, including coordination with local workforce development boards.

Strengthen support for family caregivers by 1) supporting reinvestment in Aging and Disability Resource Centers; 2) passing the CARE Act; 2) creating a tax credit for family members spending personal resources to care for a loved one; 3) expanding dementia care specialist services statewide; and 4) providing working caregivers access to paid family and medical leave. Support recommendations of the Governor's Caregiver Task Force Final Report that will assist caregivers of older adults.

Status: The 2019-21 state budget increased Personal Care rates by 9% in first year and additional 3% in 2nd year, and 2% increase in fee for service personal care rate in FamilyCare. The Governor's Caregiver Task Force issued a final report in 2020 with a broad set of recommendations that were included in the Governor's **2021-23** Executive Budget, including developing a statewide minimum rate band for home and community-based long-term care supports, providing an 11.5 percent increase to nursing home rates in fiscal year 2021-22 and an additional 11.7 percent increase in fiscal year 2021-23. Amend the rate-setting process for acuity-specific billing rather than using resource utilization groupings with \$77.8 million over the biennium for direct care staff in nursing homes, \$77.8 million over the biennium to support the direct caregiver workforce in Family Care, and \$77.8 million over the biennium to increase the rates paid to personal care workers. The Governor further recommends expanding eligibility for the Alzheimer's Family Caregiving Support Program by increasing the income limit from \$48,000 to \$55,000 and providing \$1 million during the biennium for the program.

SeniorCare

Background: The SeniorCare Prescription Drug Assistance Program has been available to Wisconsin seniors 65 and over since 2002. The SeniorCare waiver includes Medication Therapy Management (MTM), a service that reimburses pharmacies for assisting seniors in managing their medications. Drug benefits are available in four tiers of coverage for older adults based upon annual income with an annual \$40 enrollment fee.

Position: Support the full funding of Wisconsin's SeniorCare program, including non-waiver levels.

Status: The Centers for Medicare & Medicaid Services (CMS) granted a 10-year extension of Wisconsin's SeniorCare Medicaid Waiver ensuring the program will continue to operate through December 31, 2028.

Medicaid Home and Community Based Long Term Care (Family Care/IRIS/Partnership/PACE)

Background: Wisconsin provides a system of managed long-term care and LTC/acute services through a series of Medicaid waivers. Wisconsin has eliminated waiting lists for adult long-term care services and rationed funding through a capitated rate structure by contract to regional MCO's, ICA's, and PACE centers. MCOs contract with providers for supportive services, while ICAs support members to self-direct their care plans. ADRC's administer functional and financial eligibility screens and provide benefits counseling. FamilyCare and IRIS operate statewide, serving individuals with developmental disabilities, individuals with physical disabilities and older adults with nursing home level of care needs while PACE serves frail elders with both acute and long term care needs and is only available in 3 counties, including Milwaukee County.

Position: Support the continuation of Wisconsin's innovative long-term care system and provide adequate funding to deliver the high-quality services promised under the plan benefits. Support benefit expansion and equity of access to meet mental health, transportation, and housing services. Family Care, IRIS, and CLTS waivers should be modified to allow participants to choose virtual or remote service delivery.

Status: In 2019, the Centers for Medicare & Medicaid Services approved Wisconsin's 1915(b) and 1915(c) waiver application renewals, effective to December 31, 2024. During the COVID-19 PHE, services under these programs were expanded to allow virtual service delivery on a temporary basis.

Older American Act (OAA) programs

Background: The Wisconsin Department of Health Services supplements OAA programs and services through a funding formula that allocates GPR dollars to counties. Every ten years new census data requires the state to change the funding formula. FY2019 state allotments are calculated using 2017 estimates of the population aged 60 and older. The "% Age 60+" is the state's relative share of the 60+ population, which functions as its population-based formula factor used to determine state allotments under OAA Titles III and Title VII.

Position: Support a funding formula which accounts for health equity variables in addition to aging population.

Status: Census 2020 data is being compiled and will form the basis for new federal allocations to states. Wisconsin DHS is considering a new distribution formula to address health inequities.

Dementia Care Specialist Program

Background: Dementia Care Specialists provide training and support to staff, caregivers and the community at large to create a more supportive environment for residents with dementia and their caregivers. DCS's provide training to staff, support dementia capable senior companion services, train transportation providers to work with individuals with dementia and their caregivers, and operate memory cafes which provide socialization to individuals with dementia and their caregivers.

Position: Support ongoing funding for the DCS program. Support statewide DCS program expansion, funding an additional 48.5 DCS positions in order to reach a full, state-wide expansion of this important and cost-effective program with health equity factors included in state formula distribution.



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Status: An additional 8 DCSs and 1 tribal DCS were funded in the 2019-21 budget, but no new positions in Milwaukee County. Milwaukee County has one state funded DCS + an additional DCS funded by tax levy. The Governor has proposed providing \$2,822,000 (\$2,400,000 GPR and \$422,000 FED) in 2019-20 and \$2,822,000 (\$2,400,000 GPR and \$422,000 FED) in 2020-21 to support 27 additional DCS and three new tribal DCS positions, expanding the DCS program statewide.

BOALTC Ombudsman Position

Background: The state's Board on Aging and Long-Term Care Ombudsman work with agencies, residents and families to assist people with relocation from nursing homes and improve the quality of care in long-term facilities and programs.

Position: Continue to advocate for sufficient ombuds to serve all older adults in residential care facilities and in Home and Community Based long-term support programs. Add an Older Adult Ombudsman designated to serve the LGBTQ community.

Status: 2019-21 budget provided for 2.0 additional ombuds to assist older adults participating in IRIS and Family Care. The Governor's 2021-23 proposed budget adds funding for 2.0 additional nursing home ombuds to better cover responsibilities across the state.

Homestead Tax Credit

Background: The Homestead Tax Credit is designed to soften the impact of property taxes and rent on persons with lower incomes. The benefit may take the form of an income tax credit or a direct refund. The credit is based on the relationship of your household income to the amount of your allowable property taxes and/or rent for the calendar year. Over 240,000 taxpayers claimed the credit in 2012 – about half of whom are sixty years or older. Qualifications for 2018 include Household income less than \$24,680, cannot be claimed as a dependent (unless claimant is at least 62 years old)

Position: Support the repeal of these changes and an annual inflationary adjustment for this program.

Status: No substantive changes were made to return the benefits of the homestead tax in the 2020-21 budget. The Governor has proposed indexing the Homestead tax credit to inflation in the 2021-23 budget.

Transportation for Older Adults

Background: Milwaukee County's transportation infrastructure is challenged to meet the growing needs of older adults. Fourteen percent of Milwaukee County households do not have a personal vehicle and must rely on alternative transit. Expanded bus routes are needed to allow older adults and people with disabilities to work, volunteer, shop, and socialize throughout the county and beyond. Past attempts to increase revenue (such as a dedicated sales tax to establish a regional transportation authority) have not been supported by state policy leaders. Additional revenue sources are needed to adequately fund a transportation infrastructure that allows older adults to meet their daily needs. Wisconsin's Specialized Transportation Assistance Program (85.21 & 85.22 programs) provides vital funding for transportation assistance services for thousands of older adults and people with disabilities. Older adults also desire livable neighborhoods with accessible non-motorized paths.

Position: Support a 10% increase in transit and specialized transportation funding to counties and tribes and ongoing increases of at least 3.5% to account for the growth over the past five years and accelerating growth in the future. Restore annual transit funding increases and support the preservation, improvement and expansion of transit service. Support incentivizing coordination among local and state-level transportation systems, including the reconvening of the InterAgency Council on Transportation Coordination. Establish an independent advocate for the MA Non-Emergency Medical Transportation program. Support legislation to clarify the insurance requirements of volunteer drivers and ensure protections under the Good Samaritan Law. Support the increase of the federal charitable driving mileage reimbursement rate from .14c to current IRS business rate.

Status: The 2019-21 state budget provided a 2% annual increase to each tier of mass transit systems and a 10% annual increase in specialized transportation and increases local road funds by \$13.9M to counties and \$52.3M to municipalities, 10.0% increase in general transportation aid. The restrictions on regional transit authorities remain and the issues of volunteer drivers, interagency collaboration, and NEMT advocates remain unresolved. In the 2021-23 Executive Budget, the Governor recommended increasing general transit aids, paratransit, and specialized transit by 2.5% in each year of the biennium, as well as providing \$10M in Transit Capital Assistance grants in 2022-23. The Governor also recommended re-authorizing the Complete Streets initiative.

Elderly Benefit Specialist Program (EBS)

Background: Wisconsin's EBS program has been providing information, assistance and advocacy for older persons 60 and older for over 30 years. The Older Americans Act requires that legal services be provided to the elderly and Wisconsin's EBS program is one way in which those services are provided. Elder Benefit Specialists provide assistance to older adults with public benefits such as Medicare, FoodShare, and Energy Assistance, and legal issues regarding basic human needs such as housing and healthcare. Wisconsin's program is funded with state monies (about \$2.5 million) and federal OAA monies (about \$700,000). There has not been an increase in state or federal funds for more than a decade. Milwaukee County contracts for two Elder Benefit Specialists through Legal Action of Wisconsin.

Position: Increase funding at the federal and state level for EBS programs and services. Require DHS to utilize an equitable funding formula similar to the proposed revision to the ADRC funding formula.

Status: WAAN is working to educate legislators about this important program. No funding increase for the EBS program was included in the 2019-21 state budget or the proposed 2021-23 Executive Budget. Milwaukee County wrote a successful grant to WI-DHS for OCI seed funding to establish a new Elder Benefit Specialist position within the Division on Aging focusing on Medicare outreach, counseling, and volunteer engagement.

Protection of Voting Rights

Background: Voting is arguably the most fundamental right of citizens in a democracy. Several federal laws protect the voting rights of older Americans and require accessible polling places including the Voting Accessibility for the Elderly and Handicapped Act of 1984, the National Voter Registration Act of 1993, and the Help America Vote Act of 2002. During the past decade, Wisconsin passed several laws adding new verification requirements for voter registration and voting, restricted the times and locations for voting, and changed the state entity responsible for overseeing elections. These provisions have increased the burden on elderly persons who wish to exercise their right to vote. At the same time, Wisconsin has instituted a system



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online registration that increases access for voters who hold a valid Wisconsin Driver License or State ID with their current name and address on file with the Wisconsin Division of Motor Vehicles through MyVote.wi.gov.

Position: Uphold voting rights and oppose any rules or legislation that makes it more difficult for older adults to register to vote or exercise their right to vote. Expand access to the polls, including expanding early voting locations, conveniently located and secure ballot drop boxes, and easy access to request, complete and return an absentee ballot. Maintain the waiver of the photo ID requirements the current self-defined definition for indefinitely confined voters. Support an affidavit process to facilitate voting for those who cannot produce the required documents needed to obtain a photo ID. Increase utilization of Special Voting Deputies for eligible voters who are homebound, in institutional care, or lack access to online services. Enforce accessibility laws at polling locations, including curbside voting and accessible voting machines. Eliminate barriers to voting for older adults and people with disabilities and oppose any further measures that restrict the right to vote or make it more difficult for residents to do so.

Status: The 2020 elections, held during the COVID-19 pandemic, saw record turnout and greatly increased use of absentee ballots and early voting. Once again, the legislature has introduced a series of measures which will restrict absentee voting, particularly for indefinitely confined and early voters, including the removal of voting drop boxes, voter ID requirements, and notifications required for those in residential care facilities.

FoodShare Modifications

Background: FoodShare is the largest nutrition assistance program administered by the USDA. Benefits are received on a debit-like card and can be used to purchase fruit, vegetables, grains, meats, fish, poultry and dairy.

Position: Oppose legislation which makes it harder for older people to obtain and utilize FoodShare benefits.

Status: In 2018 the legislature passed two additional changes to FoodShare work requirements. One raises the amount of time able-bodied adults without dependents have to spend looking for work from 20 to 30 hours a week. The other adds parents of children 6 to 18 to the category who have to work to receive their benefits. Starting on April 1, 2020, the FoodShare work requirement was temporarily suspended. During this temporary exemption recipients will not lose one of their three months of time-limited FoodShare benefits if they are not able to meet the work requirement.

SNAP Elderly Simplified Application Process

Background: Despite major progress in recent years, only 42% of eligible seniors participated in the Supplemental Nutrition Assistance Program (SNAP) in 2015. The Elderly Simplified Application Project (ESAP)—a federal demonstration program currently operating in eight states—is a collection of policy and process changes that can dramatically streamline enrollment of low-income seniors into SNAP.

Status: Wisconsin does not participate in the program.

Position: Encourage the Wisconsin Department of Health Services to develop and submit the necessary waivers to operate a SNAP Elderly Simplified Application Process for the FoodShare program.

Healthy Aging Grants

Background: The Older Americans Act Title III-D funds programs that support healthy lifestyles and promote healthy behaviors. Evidence-based disease prevention and health promotion programs reduce the need for more costly medical interventions, improve health, and prevent or delay the need for long-term care. State grant funding has periodically supplemented these efforts and supported a statewide Wisconsin Healthy Aging center. Wisconsin has the nation's highest rate of deadly falls among the elderly, according to a 2019 report by the Centers for Disease Control and Prevention. Some 1,365 residents 65 or older died from falls in 2016, giving the state a rate more than double the national average. Deaths from falls in Wisconsin outnumber deaths from breast and prostate cancer combined and resulted in about 129,000 emergency room visits and nearly 16,000 hospitalizations in 2017. Medical charges for falls, paid mostly by the taxpayer-supported Medicare and Medicaid programs, exceeded \$1 billion.

Position: Provide a \$500,000 budget appropriation each year for healthy aging grants to counties/tribes, YMCAs and other community-based organizations for a Falls Reduction programming and to support a statewide clearinghouse and support center.

Status: No funding was allocated in the 2019-21 budget for Healthy Aging grants and no allocation was proposed in the Governor's 2021-23 Executive Budget.

Fair Deal

Background. In 2019, the Milwaukee County Executive and Chair of the County Board co-chaired a workgroup to research disparities in revenue sharing from state government that disadvantaged Milwaukee County. The Chair of the Commission on Aging was a member of this workgroup. The County Board passed a resolution to regain the local ability to raise revenues and adjust formulas for intergovernmental transfers that provide a fairer share to Milwaukee County. These include:

- State shared revenue such as Community Aids, Youth Aids, have been flat for more than a decade. Require shared revenue sources to grow by inflation each year, without offset by other revenues.
- Milwaukee County should receive full reimbursement of the cost to patrol state highways.
- 80% of court fees go to the state. Make it a 50/50 split with counties.
- Milwaukee County bears MOE costs for long-term care. Ask the State to accept Medicaid expansion to decrease State match percentage to 10% and increase overall Medicaid funding.
- Youth Justice facility expansion should include sufficient ongoing operational funding for quality programming and not just capital funding to build a new facility.
- Grant Milwaukee County local control to generate new revenue and reduce the current reliance on property taxes through a binding referendum process.

Status. Bills introduced in 2019 (AB 521) allowing Milwaukee County to impose an additional 1% sales tax on goods and services sold in the County upon approval of a referendum by local residents (25% to offset property taxes, 7% for public health infrastructure, 68% split between the county and the municipal governments with additional \$166.3M in revenue) did not advance out of committee. No changes have been made to increase the state shared revenue formulas. The 2021-23 Executive Budget proposed a .5% County and .5% municipal sales tax across the state and a modest increase in the state shared revenue formula. The JCF stripped these provisions out of the 2021-23 budget.



Position. Urge increased shared revenue funding from the state of Wisconsin to Milwaukee County to return to 2009 levels and index for inflation. Increase local control over sales tax to ensure adequate support for senior programs, parks, and transportation. Include the ADRC & EBS funding disparities in the Fair Deal initiative. Advocate for the adoption of a sales tax referendum and support such a referendum if the state provides authority. Urge the County Board to earmark additional revenues for the maintenance and improvement of Milwaukee County parks, facilities, and senior centers.

Local Policy Positions

Preserve Milwaukee County Levy Funding

Background. Most funding of the Milwaukee County Department on Aging was allocated through the federal and state government for particular programming under the Older Americans Act, Wisconsin Elders Act, Elder Justice Act, and Medicaid. Each year a small portion of county tax levy was allocated to MCDA by the County Board of Supervisors. Over the past decade, as Milwaukee County’s structural deficit worsened, the amount of county levy allocated to all county departments decreased, including MCDA. MCDA used its county tax levy primarily to fund programming and maintenance at the five Milwaukee County Senior Centers under its jurisdiction, to supplement some elder abuse intervention activities, and in some cases neighborhood outreach and nutritional programming. Unlike other programs run through MCDA, the Milwaukee County Senior Centers were almost entirely funded through county tax levy, both for programming and for maintenance and capital improvement.

Status. In 2021, the Milwaukee County Department on Aging merged into the Milwaukee County Department of Health and Human Services. The 2021 County Budget allocated \$1.2 million to the Division on Aging within DHHS, a decrease of \$276,367 from 2020.

Position. Preserve Milwaukee County Levy Funding Maintenance of Effort for Older Adult Services and Supports. Advocate that the Division on Aging, now within the Department of Health and Human Services be shielded from further reductions in county levy funding and that the County continue to provide a minimal floor of \$1.2M per year in allocated funding.

Support improvements or enhancements to Milwaukee County Senior Centers and Senior Center Programming in accord with the recommendations of the Select Committee on Senior Centers.

Background. The Older Americans Act, Section 306(a) provides that each AAA area plan shall “provide for, where appropriate, the establishment, maintenance, or construction of multipurpose senior centers and entering into agreements with providers of multipurpose senior centers” and “designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point.” Milwaukee County owns and operates five multipurpose senior centers: Clinton Rose, Kelly, McGovern Park, Washington Park, and Wilson Park. These centers are geographically diverse, although all but Kelly are located in the City of Milwaukee. Other communities and private entities own and operate senior centers, including many that serve as senior congregate dining sites.

Status. Over the past decade, participation at Milwaukee County’s multipurpose senior centers has declined. Infrastructure at the Centers has deteriorated and the County deferred maintenance and capital improvements necessary to ensure the long-term structural integrity and accessibility of these centers. County capital needs greatly exceed available revenue. In 2017, MCDA and the Milwaukee County facilities team completed a baseline assessment of the programs occurring in the Centers and the buildings’ infrastructure. In 2018, MCDA commissioned a study by the Wisconsin Policy Forum to review strategies in other jurisdictions that could be implemented to improve social programming that is fiscally sustainable. In 2019 MCDA completed a community engagement process to gain resident’s feedback on senior center programming, facilities, partnerships, and financing that could leverage the value of the centers for the next generation which resulted in a Envisioning the Future: Senior Centers 2020 report. In 2020 the Commission on Aging established a Select



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Committee on Senior Centers to study, prioritize, and advance recommendations for the future of senior centers and senior center programming in Milwaukee County, utilizing the above-mentioned reports as guidance.

Position. Support the continued operation of multipurpose senior centers and advocate for the County Board to allocate sufficient resources to create/maintain/operate a diverse system of multipurpose senior centers that meet the needs of Milwaukee’s growing aging population and assist it in achieving the objectives of the area plan and as a focal point for service delivery by MCDA in accordance with the recommendations and plan advanced by the Milwaukee County Commission on Aging Select Committee on Senior Centers.

Incorporate Opportunities to improve older adult participation in advocacy activities in the 2022-24 Milwaukee County AAA Plan.

Background. Every three years, the State of Wisconsin requires Area Agencies on Aging to develop a new plan to guide the work of the AAA and to assess the status of the Aging Network in the region. The Milwaukee County Division on Aging is the designated Area Agency on Aging for Milwaukee County.

Status. The Aging Advisory Council is working in 2021 to develop a new Area Aging Plan for 2022-24, including a comprehensive survey of the older adult population and the formulation of new goals. At least one goal is required to increase local aging and disability network participants’ knowledge and skills related to advocacy. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as “Senior Statesman” training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.

Position. Develop a goal to enhance Milwaukee County older adult participation in advocacy and public policy efforts to be incorporated into to 2022-24 Area Aging Plan.

Increase Funding and Coordination of Mental Health Services for Older Adults

Background: Few mental health services in Milwaukee County have been developed with older adults in mind. Older adults have particular mental health challenges as we age.

Status. Most public mental health services are now delivered through the Behavior Health Division of DHHS. BHD is undergoing a complete restructuring, contracting acute mental health care to a private hospital system, redesigning crisis services, and determining the future of emergency services. MCDA funds one small grant to Jewish Family Services for counseling of older adults. In addition, Milwaukee County funds one Dementia Care Specialist through levy funds.

Position: Coordinate the delivery of mental health services to older adults by increased collaboration between the Department on Aging and the DHHS Behavioral Health Division. Advocate for increased funding for mental health preventative and treatment resources specific to the aging population. Maintain county funding for at least one Dementia Care Specialist.

Transportation

Background. Accessible, affordable, and available transportation is necessary for older adults to engage in healthy lives in the community. Public funding emphasizes road building, particularly interstate expressway

construction, over maintenance, local roads, and public transportation options that assist residents to get where they want to go. Funding for the Milwaukee County Transit System has not kept up with increasing system costs and the decline in ridership. Other transportation funding sources, including OAA funds administered by MCDA are not well coordinated to assist participants in accessing the transit options they need.

Status. In the 2019-21 state budget, transit funding increased by 2%, while specialized transit increased by 10%. Regional Transit Authorities remain forbidden under state law. Milwaukee County is redesigning routes for the future of transit in Milwaukee County through its MCTS NEXT process. Even with a modest increase in state funding, MCTS has proposed cutting additional routes because it does not have sufficient revenue to continue to maintain this system and its workforce. MCDA contractor ABLE Access Transportation went out of business in 2020 and MCDA now contracts with First Transit to provide older adults with rides to senior meal sites, grocery shopping, and limited medical appointments. The Indian Council for the Elderly and the United Community Center also receive MCDA funding for transportation. MCDA successfully wrote a federal 5310 grant to hire a Transportation Coordinator for older adults, people with disabilities, and veterans using transportation services in Milwaukee County and to staff a Transportation Coordinating Council in Milwaukee.

Position. Advocate for the establishment of an Interagency Council on Transportation Coordination at both the state and local level. Advocate for coordinated services for older adults, and for continued subsidization of the Milwaukee County Transit system for low-income seniors and people with disabilities. Advocate for transit routes that serve Milwaukee County Senior Centers, meal sites, shopping, and health centers that seniors wish to access.

Voter Engagement

Background. All public policy advocacy begins at the polls. Engaging older adults in the electoral process and ensuring they understand the importance of electoral participation and are well educated on the positions of candidates on issues of importance to older adults, particularly from low-income and disadvantaged communities is of paramount importance.

Status. In 2020 Milwaukee County voter engaged in record turnout for elections of a new County Executive, County Board members, state and federal legislators and the President of the United States. Some Milwaukee County Senior Centers served as early voting sites. MCDA has been active in the Disability Vote Coalition and provided free rides for seniors to the DMV to obtain a voter ID, municipal clerks and early voting stations, and the polls on election day.

Position. Advocate for removal of barriers to registration and voting in all elections and polling sites in Milwaukee County. Provide funding to assist with education, outreach, and assistance for older adults to register to vote, exercise the right to vote, and increase accessibility of polling places and procedures. Encourage older adults to serve as poll workers and Special Voting Deputies.